# Claims Clues

## AHCCCS Set to Accept HIPAA-Compliant 837 Claims

The AHCCCS Administration will be ready to accept HIPAA-compliant 837 electronic fee-for-service claims beginning October 16 from all certified submitters.

AHCCCS has been testing the 837 transaction with providers and clearinghouses, and those who have successfully completed testing have been certified to begin submitting 837 transactions on October 16.

In early September, providers and clearinghouses were notified that they needed to complete testing prior to October 16 in order to submit the 837 transaction to AHCCCS on October 16.

Electronic claims submitters who will not be ready to submit 837 transactions on October 16 will be allowed to continue to submit electronic claims in the current format only if they submit a formal contingency plan. The plan must specify the steps the submitter will take to attain compliance, conduct testing, and a time frame for attaining compliance.

Formal contingency plans must be submitted either via email to: AHCCCSHIPAAWorkgroup @ahcccs.state.az.us or via mail to:

Lori Petre
HIPAA Testing Manager
801 E. Jefferson Street
MD 2800
Phoenix, AZ 85034

Contingency plans must be received no later than close of business on October 15.

Failure to submit a formal contingency election request may result in disruption of electronic claims submissions, which may adversely impact provider claims payments.

AHCCCS will support ongoing processing of the current NSF/proprietary formats for electronic claims submission on a contingency basis as requested by submitters through March 2004.

Questions and comments should be submitted to the AHCCCS HIPAA email address at AHCCCSHIPAAWorkgroup @ahcccs.state.az.us. ❐

## Batch 270/271 Eligibility Process to be Available on Web

A batch process on the AHCCCS Internet Web site allowing providers to verify AHCCCS eligibility and enrollment for several recipients at the same time is expected to be available by November 1, 2003.

The batch process is a HIPAA-compliant 270/271 eligibility inquiry/response transaction.

To create an account and begin using AHCCCS Online, go to the AHCCCS Home Page at www.ahcccs.state.az.us. Click on the "Information for Providers" link to go to the Providers page. A link on the Providers page allows providers to create a free account.

After gaining access to the AHCCCS Online Web site, providers must click on the "Eligibility and Enrollment Status" link in the Main Menu on the left side of the page. Click the "Batch" button on the Recipient Search page to navigate to the Batch Requests page.

The Batch Requests page will allow providers to upload, download, or view the response results online. Information related to the batch file will be displayed on the page. This data includes:

Processing Time – The file will process at 4:00 p.m. each day

Response Availability Time – The file will be available at 8:00 a.m. each day

File Retention – The number of days the file will be saved on the server before it is deleted (usually 5 days)

File Size Limitation – The file cannot be more than 10 megabytes

Each time the provider submits a new batch request, the old request and response will be overwritten. No more than one batch request will be retained per provider. Each provider will be able to view the results of their requests only.

On the Batch Requests page, providers must click "Browse" to choose a file to upload. The upload file does not require any

# Batch 270/271 Eligibility Process to be Available on Web

(Continued from Page 1) specific naming convention. After selecting a file to upload as a 270 file, providers must click the "Upload!" button.

If the file is uploaded successfully, a message stating "Your File Has Been Successfully Uploaded" will be displayed. The file will be processed that evening.

The next day, the provider must click the "Download File" button on the Batch Requests page to view a list of files available for download. To download a file, click the "Download" button next to the file.

The provider always will be prompted to save the file, even if the provider tries to open the file.

To see a list of files that can be viewed online, click the "View Response" button on the Batch Requests page.

The two document types for valid response files are 01 and 02. These represent the downloadable 271 formatted file and the 271 readable (viewable) file, respectively.

Document type 03 is reserved for error response files. Error response files are created when some or all of the 270 input file transactions are unacceptable. Error response files are both viewable and downloadable, and will contain all error information available for the 270 transaction input file to which they relate. There will be only one error file per 270 transaction input file. ❐

# Co-pays to Increase for Some Enrolled Recipients

Effective October 1, 2003, some AHCCCS recipients enrolled with health plans will have increased co-payments for selected services.

Information regarding individual co-payment amounts and the applicable services will be available when verifying eligibility on the AHCCCS Web site, on the AHCCCS Interactive Voice Response (IVR) system, and through Medifax.

Please note that recipients with a co-payment designation of mandatory may be denied services if they do not pay their co-payment. About 10 per cent of health plan-enrolled recipients fall into this category.

Fee-for-service recipients are not affected by these changes. Information about co-payments and cost sharing are available on the AHCCCS Web site at www.ahcccs.state.az.us. Click on the "Information for Providers" link. When the Providers page is displayed, scroll down to the "AHCCCS Update and Cost Sharing Overview." ❐

# HIPAA Requires Dentists to Bill on ADA 2002 Form

The Health Insurance Portability and Accountability Act (HIPAA) requires that dentists bill for services on the ADA 2002 form.

Dentists who submit electronic claims to the AHCCCS Administration must bill in the ADA format effective with dates of service on and after October 1, 2003.

Dentists who submit paper claims to the AHCCCS Administration may begin using the ADA 2002 form effective with claims for dates of service on and after October 1.

Dental claims for dates of service on and after January 1, 2004 *must* be billed on the ADA 2002 form. Dental claims billed on a CMS 1500 claim form for dates of service on and after January 1, 2004 will be denied. ❐

# HCPCS Code Required with Revenue Codes 634, 635

Dialysis facilities must enter the appropriate HCPCS code for EPO injections when billing revenue codes 634 and 635 on fee-for-service claims submitted to the AHCCCS Administration.

Providers must enter the appropriate HCPCS code (Q9920 – Q9940) in the HCPCS/Rates field (Field 44) on the UB 92 paper claim form.

For electronic claims:

- NSF 4.0 format
  Enter the code in HCPCS Code 1, Record Position 29 – 33.

- HIPAA-compliant 837 format
  Enter the code in:

  Loop 2400, Segment ID SV2, Element IDSV202-1

If a HCPCS code is not billed with revenue code 634 (EPO less than 10,000 units) or revenue code 635 (EPO 10,000 units or more), the AHCCCS system cannot price the line correctly, and the line will be denied. ❐